

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/485734

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/			
3	2	2	2			
4	1	1	1			
5	1	1	1			
6	1	1	1			
7	1	1	1			
8	1	1	1			
9	1	1	1			
10	2	2	2			
11	1	1	1			
12	1	1	1			
13	1	1	1			
14	1	1	1			
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TOTAL IND.	21	21	21			
TOTAL DEP.	18	17	17			
TOTAL CLAIMS	20	19	19			

*	IND.	DEP.	*	IND.	DEP.	*
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